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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *None*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>fach</i> Examiner's Signature	<i>ft</i> Initials			

## ADDRESS

29855

## TITLE

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